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REPORT COVERING:  G JANUARY I through JUNE 30, DUR BY AUGUST 18							FOR OFFICE USE ONLY Postmark Date:
G	G JANUARY 1 through DECEMBER 31,x DUE BY FEBRUARY 15						
1. 1	Nume: Figley	_Jacqueline_		L			
	Last	Firs	t		1	.	
2. Ad	Business   dress:200 Crescent     Street an	Court, Suite 1200	Dallas, '	TX 75201			
	Mailing Address:Same as al	hove					_
4.	Employer:Westwood Me	a Code and Telephone Nu nagement Corp	mber			-	
3.	Employer's address:200 C	Street and No.		TX 75201 City	State	Zip	
6. 1	Did you make an expenditure ex	cooling \$50 on one occ	esion for a refi	rement system of	ficial:		
	From Junuary 1 through June 3 From July 1 through December			No 🖃	- NA	□	
	If the answer to either question	in Number 6 above is N	BS, complete	Schedule A and	u <b>ttec</b> h.		
7	Did you make expenditures exce	eding the sum of \$250 t	or a rethrement	system official:			
	From January 1 through June 301 From July 1 through December 3		- =	No □	NA.		
ı	If the answer to either question in Number 7 above is YES, complete Schedule A and attach.						

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

ŋ	a. Name of Retirement System:Teachers' Retirement System of Louisiana						
	b. Total of all expenditures made January 1 through June 30:	\$0					
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$\$18.34/person					
	d. Total of all expenditures made during the calendar year:	s_ \$36.68					
2}	a. Name of Retirement System:						
	b. Total of all expenditures made January 1 through June 30:	\$					
	<ul> <li>Total of all expenditures made July 1 through December 31: (When applicable)</li> </ul>	\$					
	d. Total of all expenditures made during the calendar year:	\$					
3)	a. Name of Retirement System;						
	b. Total of all expanditures made January 1 through June 30:	\$					
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$					
	d. Total of all expenditures made during the calendar year:	S					

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Signature of Filer